

**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010> Study Area Code	462186
<015> Study Area Name	EASTERN SLOPE RURAL
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Patricia L. White
<035> Contact Telephone Number: Number of the person identified in data line <030>	719-743-2441
<039> Contact Email Address: Email of the person identified in data line <030>	patw@esrta.com

ANNUAL REPORTING FOR ALL CARRIERS			54.313 Completion Required	54.422 Completion Required
(check box when complete)				
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report				
<300> Unfulfilled Service Requests (voice)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	<input type="text" value="0.0"/>			
<420> Mobile	<input type="text" value="0.0"/>			
<430> Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<440> Fixed				
<450> Mobile				
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 462186CO510	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 462186CO610	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<1010>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<b>(100) Service Quality Improvement Reporting</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<015>	Study Area Name	EASTERN SLOPE RURAL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Patricia L. White
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<039>	Contact Email Address - Email Address of person identified in data line <030>	patw@esrta.com

<110>	Has your company received its ETC certification from the FCC?	(yes / no ) <input type="radio"/> <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no ) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets	<input type="checkbox"/>	
<114> Report how much universal service (USF) support was received	<input type="checkbox"/>	
<115> How (USF) was used to improve service quality	<input type="checkbox"/>	
<116> How (USF) was used to improve service coverage	<input type="checkbox"/>	
<117> How (USF) was used to improve service capacity	<input type="checkbox"/>	
<118> Provide an explanation of network improvement targets not met in the prior calendar year.	<input type="checkbox"/>	

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[illegible]

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<701>	Residential Local Service Charge Effective Date	1/1/2013
<702>	Single State-wide Residential Local Service Charge	

[illegible]

[illegible]

[illegible]

<b>(900) Tribal Lands Reporting Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes,No, NA)

**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

 FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
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Please check this box to confirm no terrestrial backhaul  
 <1120> options exist within the supported area pursuant to § 54.313(G)

☐

Please check this box to confirm the reporting carrier offers  
 <1130> broadband service of at least 1 Mbps downstream and 256 kbps  
 upstream within the supported area pursuant to § 54.313(G)

☐



**(1200) Terms and Condition for Lifeline Customers**  
**Lifeline**  
**Data Collection Form**

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<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of attached document (.pdf)

<1220> Link to Public Website

HTTP [http://www.esrta.coop/lifeline\\_11.html](http://www.esrta.coop/lifeline_11.html)

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒

<1222> Details on the number of minutes provided as part of the plan, ☒

<1223> Additional charges for toll calls, and rates for each such plan. ☒

**(2000) Price Cap Carrier Additional Documentation**

FCC Form 481

**Data Collection Form**

OMB Control No. 3060-0986/OMB Control No. 3060-0819

*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

July 2013

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CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

**Incremental Connect America Phase I reporting**

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
- <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}

☐  
☐
**Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}**

- <2012> 2013 Frozen Support Certification
- <2013> 2014 Frozen Support Certification
- <2014> 2015 Frozen Support Certification
- <2015> 2016 and future Frozen Support Certification

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**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

- <2016> Certification Support Used to Build Broadband

☐
**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.
- <2021> Interim Progress Community Anchor Institutions

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Name of Attached Document Listing Required Information

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<b>(3000) Rate Of Return Carrier Additional Documentation</b>	FCC Form 481
<b>Data Collection Form</b>	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

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CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

#### Progress Report on 5 Year Plan

(3010)	Milestone Certification [47 CFR § 54.313(f)(1)(i)] Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313(f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3012)	Community Anchor Institutions [47 CFR § 54.313(f)(1)(ii)]	Name of Attached Document Listing Required Information	<input checked="" type="checkbox"/> (Yes/No)
(3013)	Is your company a Privately Held ROR Carrier [47 CFR § 54.313(f)(2)]		<input checked="" type="checkbox"/> (Yes/No)
(3014)	If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		<input type="checkbox"/>
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input checked="" type="checkbox"/>
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	462186CO3017
(3018)	If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<input type="checkbox"/> (Yes/No)
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		<input type="checkbox"/>
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<input type="checkbox"/>
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	

**Certification - Reporting Carrier  
Data Collection Form**

 FCC Form 481  
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**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:**

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**Certification - Agent / Carrier  
Data Collection Form**

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<039>	Contact Email Address - Email Address of person identified in data line <030>	patw@esrta.com

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>GINA RONEY</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	<u>GINA RONEY</u>
Name of Reporting Carrier:	<u>EASTERN SLOPE RURAL</u>
Signature of Authorized Officer:	<u>CERTIFIED ONLINE</u> Date: <u>10/07/2013</u>
Printed name of Authorized Officer:	<u>PAT WHITE</u>
Title or position of Authorized Officer:	<u>GENERAL MANAGER/CEO</u>
Telephone number of Authorized Officer:	<u>719-743-2441</u>
Study Area Code of Reporting Carrier:	<u>462186</u> Filing Due Date for this form: <u>10/15/2013</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	<u>EASTERN SLOPE RURAL</u>
Name of Authorized Agent or Employee of Agent:	<u>Gina Roney</u>
Signature of Authorized Agent or Employee of Agent:	<u>CERTIFIED ONLINE</u> Date: <u>10/07/2013</u>
Printed name of Authorized Agent or Employee of Agent:	<u>Gina Roney</u>
Title or position of Authorized Agent or Employee of Agent:	<u>Sr Financial Consultant</u>
Telephone number of Authorized Agent or Employee of Agent:	<u>719-266-4334</u>
Study Area Code of Reporting Carrier:	<u>462186</u> Filing Due Date for this form: <u>10/15/2013</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
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(800) Operating Companies	FCC Form 481
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<039>	Contact Email Address - Email Address of person identified in data line <030>	patw@earta.com
<810>	Reporting Carrier	Eastern Slope Rural Telephone Association
<811>	Holding Company	NA
<812>	Operating Company	NA

[illegible]

**(510) Service Quality Standards & Consumer Protection Rules Compliance Procedures**

Form 481

<010>	Study Area Code	462186
<015>	Study Area Name	Eastern Slope Rural 1
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Patricia L. White
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<039>	Contact Email Address - Email Address of person identified in data line <030>	<a href="mailto:patw@esrta.com">patw@esrta.com</a>

**Service Quality Standards**

The company complies with the service quality standards set forth in the following sections of the Colorado Public Utilities Commission (CoPUC) Rules, 4 Code of Colorado Regulations (CCR) 732-2:

- §2334 Construction and Maintenance Practices
- §2337 Standard Performance Characteristics for Customer Access Lines
- §2338 Interexchange Trunk Connections
- §2340 Network Call Completion Requirements

**Consumer Protection Rules**

The company complies with the following consumer protection rules:

- FCC rules regarding verification of orders for telecommunications service as required of submitting carriers {47 CFR §64.1100}
- CoPUC rule 4 CCR 732-2.2311 Changing Provider/Carrier Presubscription
- The FCC's Truth-in-Billing Requirements {47 CFR §64.2400}
- CoPUC rule 4 CCR 732-2.2304 Customer-Billing Requirements
- All of the requirements of 47 C.F.R. § Part 64 Subpart U, Customer Proprietary Network Information and Federal Trade Commission 16 C.F.R. §681, Identity Theft Red Flags



**(610) Functionality in Emergency Situation Procedures**



Form 481

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- The company maintains a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations. {47 CFR §54.202(a)}
- The company has made reasonable provisions to meet emergencies resulting from power failures; sudden and prolonged increases in traffic; staff shortages; and fire, storm, and acts of god. {4 CCR 732-2.2335 The Provision of Service During Maintenance or Emergencies}

[customerservice@esrta.com](mailto:customerservice@esrta.com)

# EASTERN SLOPE RURAL TELEPHONE



- Home
- Service Area
- Phone Service
- Lifeline
- Internet Option
- Internet Help
- View/Pay Online
- Community Links
- History
- Contact Us Form
- Application
- Job Site

Please contact the Business Office with questions.  
719-743-2441

OR

GO TO  
["Am I Eligible?"](#)

## LIFELINE LOW INCOME ASSISTANCE PROGRAM

If you are eligible, Lifeline subscribers receive unlimited local calling at a discount of \$9.25 a month.

Lifeline is a government benefit program that provides monthly discounts on ONE telephone service (wireline or wireless) for low-income consumers. Lifeline is a non-transferable benefit and is available to eligible low-income consumers in every state, territory, commonwealth and on Tribal lands. You must be eligible to [enroll](#), and you must re-certify your eligibility with the service provider every year. Federal rules prohibit eligible consumers from receiving more the one Lifeline service *per household*.

Through the assistance program, administered by the Federal government, called "Lifeline", eligible individuals who are currently receiving benefits via one of the following programs, may also be eligible for a discount on their Basic Telephone Service. Eastern Slope does not provide any type of special telephony service plan for lifeline subscribers. Toll calls are additional, your voice lifeline program does not include any free minutes of use for toll. Please contact the business office for long distance rates. Toll blocking is available at no charge for low income customers that qualify.

Individuals may qualify for this discount by being a participant in one of the following programs:

- Public [Housing Assistance](#) (FPHA) or Section 8
- Low Income Home Energy Assistance Program (LIHEAP)
- National School Lunch Program's free lunch program (NSLP)
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF)
- Supplemental Nutrition Assistance Program (SNAP)
- Medicaid

Participation in a Federal program alone, such as Social Security, does not constitute eligibility for these phone charge discounts. The legislature expanded LITAP eligibility to include all residents who have a monthly household gross income at or below 135 percent of the federal poverty level. Lifeline is a government assistance program, service is non-transferable. Only eligible customers may [enroll](#) and the program is limited to one discount per household.

To determine if you are eligible, please go to [Am I Eligible?](#) This will walk you through a few questions and let you know if you qualify for the discount.

Another option to verify eligibility is to complete this form and return it to the Eastern Slope office. [Please click here for the Eligibility Form.](#)

If you have questions or need to contact the Eastern Slope Business Office, please call 719-743-2441. ESRTA can provide you with an eligibility form to fill out and return. Our office will then verify your eligibility.

6 6

Site Managed by Eastern Slope Rural Telephone Assoc., Inc.

[Site Map](#)

This section pages 20-22 (financial information) is redacted for public inspection in its entirety